

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

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The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 47120
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
City: DENVER State: CO Zip: 80217-37
4. Contact Name: Cindy Vue
Phone: (720) 929-6832
Fax: (720) 929-7832

5. API Number 05-123-31534-00
6. County: WELD
7. Well Name: COTTONWOOD
Well Number: 24-33
8. Location: QtrQtr: SESE Section: 33 Township: 2N Range: 66W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 01/15/2011 Date of First Production this formation: 02/08/2011
Perforations Top: 7616 Bottom: 7856 No. Holes: 114 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole:
NB Perf 7616-7704 Holes 60 Size 0.42 CD Perf 7838-7856 Holes 54 Size 0.40
Frac NB w/250 gal 15% HCl and 245,950 gal SW containing 200,240# 40/70 sand and 4000# 20/40 SB Excel
Frac CD down 4 1/2" csg w/210,715 gal SW containing 150,080# 40/70 sand and 4000# 20/40 SB Excel
This formation is commingled with another formation: Yes No
Test Information:
Date: 02/22/2011 Hours: 24 Bbls oil: 51 Mcf Gas: 58 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 51 Mcf Gas: 58 Bbls H2O: 0 GOR: 1137
Test Method: FLOWING Casing PSI: 1200 Tubing PSI: Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1186 API Gravity Oil: 48
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
Signed: Print Name: Cindy Vue
Title: Regulatory Analyst II Date: Email Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)